

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND

ADDRESS (number and street) ▼

367 SOUTH GULPH ROAD

☐ Check if different than previously reported. (ACC)

KING OF PRUSSIA

PA

19406

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00185520

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ Primary (12P)  
☐ General (12G)  
☐ Runoff (12R)☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐ Convention (12C)☐

Convention (12C)

☐

Special (12S)

☐

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

☐ General (30G)  
☐ Runoff (30R)  
☐ Special (30S)☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cheryl Ramagano

Signature of Treasurer

Cheryl Ramagano

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">197965.69</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">191707.82</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">16474.64</span>	<span style="border: 1px solid black; padding: 2px;">56881.34</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">208182.46</span>	<span style="border: 1px solid black; padding: 2px;">254847.03</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">6307.80</span>	<span style="border: 1px solid black; padding: 2px;">52972.37</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">201874.66</span>	<span style="border: 1px solid black; padding: 2px;">201874.66</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
06 01 2015

To:

M M / D D / Y Y Y Y Y  
06 30 2015

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9052.70

35584.28

(ii) Unitemized .....

7421.94

21297.06

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16474.64

56881.34

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

16474.64

56881.34

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

16474.64

56881.34

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

16474.64

56881.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	57.80	372.37
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	57.80	372.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	45350.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1750.00	7250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6307.80	52972.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6250.00	52600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16474.64	56881.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16474.64	56881.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Darien Applegate**

Mailing Address 7071 Regatta Ct.

City State Zip Code  
Tega Cay SC 29708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

Divisional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.12954**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Elizabeth Baisii**

Mailing Address 12911Monterey Dr.

City State Zip Code  
Ankorage AK 99516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northstar Behavioral Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11AI.12936**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Geoffrey Botak**

Mailing Address 601 Allen Lane

City State Zip Code  
Media PA 19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.12981**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Charles Boyle**

Mailing Address 23 Newtown Woods Road

City State Zip Code  
Newtown Square PA 19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

VP and Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.12982**

Amount of Each Receipt this Period

83.40

Full Name (Last, First, Middle Initial)

**B. Awilda Broco**

Mailing Address 8-42 Calle Malaga  
Torrihear

City State Zip Code  
Guaynato PR 00966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of Delaware Inc

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11AI.12930**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Michael Carney**

Mailing Address 105 Muscadine Hill

City State Zip Code  
Madison MS 39110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of Delaware Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.12989**

Amount of Each Receipt this Period

52.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

435.90

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Margaret Covelli**

Mailing Address 672 Hetchen Post Dr.

City	State	Zip Code
Henderson	NV	89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.12994

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ruth Dukoff**

Mailing Address 15830 far View Place

City	State	Zip Code
Anchorage	AK	99516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NorthStar DeBarr

Occupation

Assistant Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.12935

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Leonard Freehof**

Mailing Address 5212 fiore Bella Blve

City	State	Zip Code
Las Vegas	NV	89135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.13003

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Gary Gilberti**

Mailing Address 43 Newell Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11Al.13005**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Alan Gonzalez**

Mailing Address 509 Beverly Drive

City

Laredo

State

TX

Zip Code

78045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Duncan Medicl Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11Al.13007**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Laurence Harrod**

Mailing Address 252 Woodland Road

City

Wrightstown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11Al.13009**

Amount of Each Receipt this Period

74.92

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

359.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. John Holinnsworth**

Mailing Address 15001 Glendower Dr.

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of Delaware Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.12968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Roslind Hudson**

Mailing Address 211 Outrigger

City

Saint Augustin

State

FL

Zip Code

32084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.12919

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. David Jamin**

Mailing Address 3649 Lakeshore

City

Enid

State

OK

Zip Code

73703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of Delaware Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.12966

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Karen Johnson**

Mailing Address 845 N. Kingsburg

City  
Chicago

State  
IL

Zip Code  
80613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of Delaware Inc.

Occupation  
Division SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.13014**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Justin Krueger**

Mailing Address 109 Laurel Oak Drive

City  
Aiken

State  
SC

Zip Code  
29803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aiken Regional Medical Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.12972**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Francisco Lopez**

Mailing Address 55 Goldfinch Circle

City  
Phoenixville

State  
PA

Zip Code  
19460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of Delaware Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.13019**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Douglas Matney**

Mailing Address 100 E. Cornell Ave.

City State Zip Code  
McAllen TX 78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McAllen Medical Center

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.12964**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jonathan McDonald**

Mailing Address 7450 Falazon Court

City State Zip Code  
Nampa ID 83686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of Delaware Inc.

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.13022**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Philip Moraci**

Mailing Address Saratoga Glen

City State Zip Code  
Saratoga Springs NY 12866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of DE

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.12905**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Bradley Neet**

Mailing Address 30771 Moonflower Lane

City State Zip Code  
Murrieta CA 92563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of Delaware Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.13024**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

## **B. Alan Olive**

Mailing Address 9965 Bandana Way

City State Zip Code  
Reno NV 89521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of Delaware Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.13025**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Karla Perez**

Mailing Address 2209 Paint Meadows Dr.

City State Zip Code  
Las Vegas NV 89134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of DE

Occupation  
Group VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.13029**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

770.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Vance Reynolds**

Mailing Address 230 Magnolia Lake Road

City State Zip Code  
Aiken SC 29803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of Delaware Inc

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.12974

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Janice Richardson**

Mailing Address 621 Preakness Way

City State Zip Code  
Bowling Green KY 42104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of DE

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.13035

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **C. Krista Roberts**

Mailing Address 5 Santa Fe Lane

City State Zip Code  
Enid OK 73703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHS of DE

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.12938

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

610.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jose Rodriguez**

Mailing Address 504 E Ramseyer Road

City State Zip Code  
 Edinburg TX 78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : SA11AI.13036**

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

**B. Manuel Rodriguez**

Mailing Address 12911 Monterey Circle

City State Zip Code  
 Anchorage AK 99516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NorthStar DeBarr

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : SA11AI.12937**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Jean Scallon**

Mailing Address 4516 N. Outback Road

City State Zip Code  
 Bloomington IN 47404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of Delaware

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : SA11AI.13037**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

433.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Stanley Tatum**

Mailing Address 9599 Oak Meadow Lane

City State Zip Code  
Pilot Point TX 76258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.12921

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **B. Darlene Wetton**

Mailing Address 40184 Annapolis Dr.

City State Zip Code  
Temecula CA 92591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of Delaware Inc

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.13046

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

## **C. John Willingham**

Mailing Address 2 Walnut Trace Court  
S

City State Zip Code  
Simpsonville SC 29681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of DE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.12961

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1580.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Gene Winters**

Mailing Address PO Box 748

City

Bushland

State

TX

Zip Code

79102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHS of Delaware Inc

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SA11AI.12962**

Amount of Each Receipt this Period

153.88

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.88

9052.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. GRAHAM FOR CONGRESS**

Mailing Address PO BOX 310

City  
TALLAHASSEEState  
FLZip Code  
32302

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

**Transaction ID : SB23.13062**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. MEEHAN, PATRICK L MR.**

Mailing Address 1029 EDMONDS AVENUE

City  
DREXEL HILLState  
PAZip Code  
19026

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

**Transaction ID : SB23.13060**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN**Mailing Address 1519 WASHINGTON STREET  
SUITE 200City  
LAREDOState  
TXZip Code  
78040

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

**Transaction ID : SB23.13049**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
---------

4500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Friends for John Eklund**

Mailing Address 12040 Burlington Glen Drive

City	State	Zip Code
Chardon	OH	44024

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : SB29.13058**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 State Route 703

City	State	Zip Code
Celina	OH	45822

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : SB29.13052**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Oelslager for Ohio Committee**

Mailing Address 6706 Lake Cable Ave. NW

City	State	Zip Code
North Canton	OH	44720

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : SB29.13056**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Team Burke**

Mailing Address 275 West 4th Street

City	State	Zip Code
Marysville	OH	43040

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : SB29.13054**

Amount of Each Disbursement this Period

500.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
--------

1750.00
---------

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 OF 21

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Wells Fargo Bank</b>			<b>Transaction ID : H4.13064</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC								
Mailing Address PO Box 63020						Allocated Activity or Event Year-To-Date 372.37								
City San Francisco		State CA	Zip Code 94163			Date MM / DD / YYYY 06 / 11 / 2015								
Purpose of Disbursement:			Category/ Type											
Activity or Event Identifier: <b>Administrative</b>														
FEDERAL SHARE			+			NONFEDERAL SHARE			=			TOTAL AMOUNT		
0.00						57.80						57.80		

<b>B. Full Name (Last, First, Middle Initial)</b>						Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC								
Mailing Address						Allocated Activity or Event Year-To-Date								
City		State	Zip Code			Date MM / DD / YYYY								
Purpose of Disbursement:			Category/ Type											
Activity or Event Identifier:														
FEDERAL SHARE			+			NONFEDERAL SHARE			=			TOTAL AMOUNT		

<b>C. Full Name (Last, First, Middle Initial)</b>						Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC								
Mailing Address						Allocated Activity or Event Year-To-Date								
City		State	Zip Code			Date MM / DD / YYYY								
Purpose of Disbursement:			Category/ Type											
Activity or Event Identifier:														
FEDERAL SHARE			+			NONFEDERAL SHARE			=			TOTAL AMOUNT		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		57.80		57.80

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		57.80		57.80